



U.S. Small Business Administration Counseling Information Form

Client Number:

Client Request for Counseling

| | |
|---|-----------------------------|
| Client Name (Name of the person completing this form/representative of the business) (First Last) | Email |
| Position/Title (if already in business) | Day Telephone |
| Business Name (if already in business) | Night Telephone |
| Street Address/PO Box (give business address if currently in business) | Fax |
| City State Zip | Business Description |

| | | | |
|---|--|--|---|
| Race (mark one or more) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White | Ethnicity <input type="checkbox"/> Hispanic Origin <input type="checkbox"/> Not of Hispanic Origin | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran Status <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty |
|---|--|--|---|

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|--|--|--|--|--|---|--|------------------------------------|--|--|--|--------------------------------------|--|--|---|---------------------------------------|--|---|---|---------------------------------------|---|---|--|--|--|--|--|
| Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next section) | Month & Year Business Started? | What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____ | | | | | | | | | | | | | | | | | | | | | | | | |
| Type of Business (choose best category) <table><tr><td><input type="checkbox"/> Mining</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Real Estate & Rental & Leasing</td><td><input type="checkbox"/> Professional, Scientific & Technical Services</td></tr><tr><td><input type="checkbox"/> Utilities</td><td><input type="checkbox"/> Finance & Insurance</td><td><input type="checkbox"/> Health Care & Social Assistance</td><td><input type="checkbox"/> Management of Companies & Enterprises</td></tr><tr><td><input type="checkbox"/> Information</td><td><input type="checkbox"/> Wholesale Trade</td><td><input type="checkbox"/> Accommodation & Food Services</td><td><input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting</td></tr><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Public Administration</td><td><input type="checkbox"/> Arts, Entertainment & Recreation</td><td><input type="checkbox"/> Administrative & Support</td></tr><tr><td><input type="checkbox"/> Retail Trade</td><td><input type="checkbox"/> Educational Services</td><td><input type="checkbox"/> Transportation & Warehousing</td><td><input type="checkbox"/> Waste Management & Remediation Services</td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/> Other Services (except Public Administration)</td></tr></table> | | | <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate & Rental & Leasing | <input type="checkbox"/> Professional, Scientific & Technical Services | <input type="checkbox"/> Utilities | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Management of Companies & Enterprises | <input type="checkbox"/> Information | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Accommodation & Food Services | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Administrative & Support | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Waste Management & Remediation Services | | | | <input type="checkbox"/> Other Services (except Public Administration) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Real Estate & Rental & Leasing | <input type="checkbox"/> Professional, Scientific & Technical Services | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> Finance & Insurance | <input type="checkbox"/> Health Care & Social Assistance | <input type="checkbox"/> Management of Companies & Enterprises | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Information | <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Accommodation & Food Services | <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Public Administration | <input type="checkbox"/> Arts, Entertainment & Recreation | <input type="checkbox"/> Administrative & Support | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Educational Services | <input type="checkbox"/> Transportation & Warehousing | <input type="checkbox"/> Waste Management & Remediation Services | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <input type="checkbox"/> Other Services (except Public Administration) | | | | | | | | | | | | | | | | | | | | | | | |
| What percentage of your business is female owned? _____ % Do you conduct business online? <input type="checkbox"/> Yes Is this a home based business? <input type="checkbox"/> Yes | Number of Employees Full Time: Part Time: | For your most recent full business year: Gross Revenues / Sales \$ _____ +Profits / -Losses \$ _____ | | | | | | | | | | | | | | | | | | | | | | | | |

Describe specific assistance requested : _____

| | | | |
|--|---------------------------------------|--|--|
| What inspired you to contact us? (mark best choice) | | | |
| <input type="checkbox"/> SBA | <input type="checkbox"/> Other Client | <input type="checkbox"/> Chamber of Commerce | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Magazine | <input type="checkbox"/> Educational Institution | |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Internet | <input type="checkbox"/> Local Economic Development Official | |
| <input type="checkbox"/> Television/Radio | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Word of Mouth | |

I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services.

I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes ☐ No ☐).

I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance.

| | |
|-------------------------|--------------|
| Client Signature | Date: |
|-------------------------|--------------|

U.S. Small Business Administration Counseling Information Form

Client Number: _____

Counseling Record

| | | | | |
|---|---|--|---|---------------------|
| History <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Close-out | | Date Counseled | | |
| Counselor Name | | Contact Hours | Prep Hours | Travel Hours |
| What was the nature of the counseling you provided the client? (choose primary category) | | | | |
| <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business | <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning | <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business | <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade | |
| Please specify any other counseling provided. _____ _____ | | | | |
| Type of Counseling <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Telephone | | Language Used <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____ | | |
| How many people attended the session other than the person completing the form? _____ | | | | |
| Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to next line) | | Number of Employees Full Time: _____ Part Time: _____ | | |
| As of the most recent counseling date and for the most recent business year, what are the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ | | | | |

Counselor's Notes:

| Impact: Service Contributed to the Following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------|--------|------|-------------|----|--|---------------|----|--|--|--|--|-----------|--------|------|---------------|----|--|---------------|----|--|--------------|----|--|-------|--------|------|---------------|--|--|---|-----------|---------|-----------|------------|--|----|-----------|--|----|---------|--|----|---------------|--|----|-------------|--|----|-------------|--|----|-----------|--|----|-------------|--|----|-----------|--|----|------------------------|--|-----------|
| Jobs Created: Jobs Retained: <input type="checkbox"/> Started New Business If Yes, Start Date: _____ <input type="checkbox"/> Started Exporting <input type="checkbox"/> 8(a) Certified <input type="checkbox"/> MBE Certified <input type="checkbox"/> Potential Success Story <input type="checkbox"/> Success Story on File <input type="checkbox"/> SBDC Supporter <input type="checkbox"/> Export Related Impact | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Loans</th> <th>Amount</th> <th>Type</th> </tr> <tr> <td>Application</td> <td>\$</td> <td></td> </tr> <tr> <td>Loan Obtained</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="3"> <input type="checkbox"/> SBA Loan <input type="checkbox"/> Loan approved & not obtained </td> </tr> <tr> <th>Financial</th> <th>Amount</th> <th>Type</th> </tr> <tr> <td>Owner Invest.</td> <td>\$</td> <td></td> </tr> <tr> <td>Other Capital</td> <td>\$</td> <td></td> </tr> <tr> <td>Sales Growth</td> <td>\$</td> <td></td> </tr> <tr> <th>Other</th> <th>Amount</th> <th>Type</th> </tr> <tr> <td>Miscellaneous</td> <td></td> <td></td> </tr> </table> | Loans | Amount | Type | Application | \$ | | Loan Obtained | \$ | | <input type="checkbox"/> SBA Loan <input type="checkbox"/> Loan approved & not obtained | | | Financial | Amount | Type | Owner Invest. | \$ | | Other Capital | \$ | | Sales Growth | \$ | | Other | Amount | Type | Miscellaneous | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Contracts</th> <th># Count</th> <th>\$ Amount</th> </tr> <tr><td>Commercial</td><td></td><td>\$</td></tr> <tr><td>DoD Prime</td><td></td><td>\$</td></tr> <tr><td>DoD Sub</td><td></td><td>\$</td></tr> <tr><td>Federal Prime</td><td></td><td>\$</td></tr> <tr><td>Federal Sub</td><td></td><td>\$</td></tr> <tr><td>State Prime</td><td></td><td>\$</td></tr> <tr><td>State Sub</td><td></td><td>\$</td></tr> <tr><td>Local Prime</td><td></td><td>\$</td></tr> <tr><td>Local Sub</td><td></td><td>\$</td></tr> <tr style="background-color: #f2f2f2;"> <td>Total Contracts</td> <td></td> <td>\$</td> </tr> </table> | Contracts | # Count | \$ Amount | Commercial | | \$ | DoD Prime | | \$ | DoD Sub | | \$ | Federal Prime | | \$ | Federal Sub | | \$ | State Prime | | \$ | State Sub | | \$ | Local Prime | | \$ | Local Sub | | \$ | Total Contracts | | \$ |
| Loans | Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Loan Obtained | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> SBA Loan <input type="checkbox"/> Loan approved & not obtained | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial | Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Owner Invest. | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Capital | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sales Growth | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | Amount | Type | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miscellaneous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contracts | # Count | \$ Amount | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Commercial | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DoD Prime | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DoD Sub | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal Prime | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Federal Sub | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Prime | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| State Sub | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Prime | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Local Sub | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Contracts | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Impact Types | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Application Type Loan Obtained Type SBA Loan Type Owner Investment Type Other Capital Type Sales Growth Type Miscellaneous Type | Commercial Bank; Private Investor; Surety Bond; Venture Capital; SBIC; CDC; Grant; Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |